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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/442,191 01/24/2003  
 and claims benefit of 60/471,031 05/16/2003  
 and claims benefit of 60/460,549 04/04/2003 *[Signature]*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None [Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **\*\* SMALL ENTITY \*\***  
**\*\* 04/28/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 22 30	INDEPENDENT CLAIMS 8 4
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ADDRESS  
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TITLE  
 Accurate fluid operated cylinder positioning system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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